

January 9, 2006

Via Facsimile 571-273-8300Mail Stop AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO on the date indicated below.

Date: January 9, 2006
Pamela S. Newton

Re: Patent Application for:
"METHOD AND DEVICES TO PROVIDE A DEFINED QUALITY OF SERVICE
IN A PACKET SWITCHED COMMUNICATION NETWORK"
Serial No. 09/742,857
Attorney Docket No. P12409-US1

Dear Sir:

Enclosed for filing please find the following items relating to the above-identified application:

- (1) Amendment Transmittal Letter (1 page); and
- (2) Amendment (15 pages).

The commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

Should you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972/583-1572.

Sincerely,

Steven W. Smith
Reg. No. 36,684

SWS/psn

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. P12409-US1	
Applicant(s): Benny Fonden, et al.					

Application No. 09/742,857	Filing Date December 20, 2000	Examiner Scheibel, Robert C	Customer No. 27045	Group Art Unit 2666	Confirmation No. 8088
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Invention: **METHOD AND DEVICES TO PROVIDE A DEFINED QUALITY OF SERVICE IN A PACKET SWITCHED COMMUNICATION NETWORK**

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

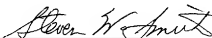
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	20 =	1 x	\$50.00	\$50.00
INDEP. CLAIMS	7 -	4 =	3 x	\$200.00	\$600.00

Multiple Dependent Claims (check if applicable) ☐

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT

\$650.00

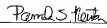
- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. 50-1379 in the amount of **\$650.00**
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated: **1-9-2006**

Steven W. Smith
Reg No. 36,684
Ericsson Inc.
6300 Legacy Drive, M/S EVR 1-C-11
Plano, TX 75024

CC:

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Signature	
Pamela S. Newton	January 9, 2006
Depositor's Name and Date	